The Children's Partnership

PRESIDENTS
Wendy Lazarus & Laurie Lipper

MEMORANDUM

July 9, 2012

TO: Department of Health Care Services

FROM: The Children's Partnership

RE: Stakeholder Feedback on the Draft Initial LIHP Transition Plan

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We thank the Department for the opportunity to comment on the steps the Department of Health Care Services (DHCS), in collaboration with the local Low Income Health Programs (LIHPs), will take to coordinate the transition of the LIHP enrollees to a coverage option available under the Affordable Care Act (ACA) without interruption in coverage to the maximum extent possible.

We view this transition as an ideal opportunity to build pre-enrollment strategies that will successfully transition the LIHP population into new coverage while also being used to assist newly eligible, currently uninsured individuals in attaining coverage on January 1, 2014.

STC 23.a.i and 23.a.ii
In the Transition Plan, we support the Department's decision to do the following in the LIHP pre-enrollment process – and we would encourage doing the same in any other pre-enrollment processes that the State pursues:

1. The eligibility determination will be made using existing information obtained from LIHPs, supplemented only as necessary by the enrollee where there is missing information. This laudable approach is reflected in the language on page 2, second paragraph of STC 23.a.i and 23.a.ii. We would, however, recommend using stronger language to make this position absolutely clear.
2. The process will be simplified and consistent across the state, will maximize administrative efficiencies, and will be geared toward maintaining coverage through the transition.
3. LIHP enrollees will receive information about new coverage options and changes, including information on assistance that is available to help them through this process.

To make the most of this opportunity, both to develop the best process possible for LIHP enrollees and to leverage the process for others, we urge DHCS to do the following:

1. Develop these and other pre-enrollment steps in a manner that could be taken, simultaneously, with other targeted populations. For instance, as we elaborated in a Memo that we submitted to the Department on June 7, 2012, pre-enrollment is an ideal mechanism for reaching uninsured individuals who participate in other public programs as well as parents whose children are enrolled in Medi-Cal and Healthy Families. Please see the Memo for further details about how this might work (available at http://www.childrenspartnership.org/AM/template.cfm?Section=Home&template=/CM/contentDisplay.cfm&ContentID=16605).

2. Utilize technology, to the greatest degree possible, to facilitate this process. While the proposal includes the use of CalHEERS to support Exchange plan selection, this is a very limited application of the linkage to CalHEERS. In fact, in the discussion of "Information Systems and County Collection of Data Elements" on pages 5-6, no mention is made of CalHEERS. We urge the Department to build in the greatest administrative efficiency and leverage available data to the greatest degree possible through appropriate linkages with CalHEERS.
3. Utilize the moment of outreach to obtain the individual's authorization to retrieve relevant eligibility information from available sources, such as the existing LIHP and SNAP files, for purposes of initiating and populating the eligibility determination. For further information on how this might work, please review the June 7 Memo referenced above.
4. Consider using the Express Lane Eligibility (ELE) authority [42 U.S.C. Sec. 1396a(e)(13); 42 CFR §435.603(j)(1)] to borrow income findings, rather than recalculate income based on MAGI, for LIHP and other pre-enrolled populations. Some of these individuals may not have a MAGI available through the federal data hub, whereas they will all have an existing income determination on file with LIHP or another public program. To move forward with this strategy, California would need to obtain a waiver from CMS to use ELE for these adults. We recommend that in submitting such a waiver, the State should not limit the pool to LIHP individuals, but also include other adult populations, such as those enrolled in SNAP. For further information, see the June 7 Memo referenced above.

While we support all efforts to maximize continuity of care and ensure that the transition results in adequate provider participation and appropriate plan placement with maximum consumer choice for the LIHP population, we will not comment on these elements of the transition plan (**STC 23.a.iii – v**). Instead, we have focused only on the elements of the plan that have direct relevance to the opportunities for building a system that is capable of pre-enrolling other currently uninsured individuals.

Again, thank you for providing the opportunity to contribute to this planning. Please contact Beth Morrow at bmorrow@childrenspartnership.org or Kristen Golden Testa at ktesta@childrenspartnership.org to discuss these issues further.